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Bib Data Sheet

CONFIRMATION NO. 3593

SERIAL NUMBER 10/757,192	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 710	GROUP ART UNIT 2111	ATTORNEY DOCKET NO. AUS920030543US1
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

32329

TITLE

METHOD AND SYSTEM FOR RECORDING EVENTS OF AN INTERRUPT USING PRE-INTERRUPT HANDLER AND POST-INTERRUPT HANDLER

FILING FEE RECEIVED 2436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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